

**COUNTY OF SAN DIEGO  
HEALTH & HUMAN SERVICES  
CHILDREN'S MENTAL HEALTH SERVICES  
TBS GUIDELINES**

**Policy 1**

**Regional Center Referrals**

All Regional Center Client referrals shall be evaluated to determine whether the client meets Medical Necessity, including diagnosis, intervention and impairment criteria; and whether the client can benefit from behavioral intervention. The Initial TBS Assessment conducted by the contract provider may be utilized as part of the eligibility determination process.

**Policy 2**

**Assessment Requirements**

County TBS staff will review all TBS referrals (per DMH Letter 02-08) to determine eligibility. All regular referrals shall be approved, denied, or withdrawn within a fourteen (14) calendar day period (per DMH Letter 04-03). Referrals made with a Request for Expedited Review must be decided upon within 3 business days, unless necessary information is not provided, in which case the review process may be extended for an additional 14 calendar days. The facilitator will follow DMH guidelines for extending the review period.

The contractor will complete an Initial TBS Assessment at the assessment meeting. If this assessment reveals that the client is not eligible for TBS, the contractor shall contact the facilitator to review criteria, and if sustained, the County will issue the NOA-B.

**Policy 3**

**Initial and Implementation Meeting Requirements**

If approved, County TBS shall forward (via fax) a complete referral packet to one of the two TBS providers. The TBS provider will contact family members/care providers upon opening the case to schedule an assessment meeting in the home or other place of residence. If there is a delay in scheduling the Initial meeting, the provider shall communicate with County TBS (via phone or fax).

At the assessment meeting the contract case manager will conduct the initial TBS assessment and have the family sign necessary documentation. The case manager shall determine days and hours of service, target bxs, and all that is necessary to create the TBS treatment plan. The case manager will write the treatment plan as soon as possible, provide a copy to the assigned coach(es), and start service. The case manager will contact all involved parties to schedule the implementation meeting as soon as possible after the coach start date. The implementation meeting shall not take place more than two weeks after the assessment meeting. At the implementation meeting, the contractor shall have all members of the TBS team sign the TBS treatment plan. The contractor shall provide members of the team with a copy of the TBS treatment plan.

The TBS provider must inform County TBS staff if meetings cannot be held within designated timeframe. Bi-weekly meetings shall occur following the implementation meeting. A treatment plan review meeting is due within 30 days of the implementation meeting and monthly thereafter. If a review meeting must be rescheduled, every effort must be made to schedule within the week. The Specialty Mental Health Provider should be the active clinical lead during the meetings. The parent and child should be actively involved. All participants should be prepared for the meeting. Documentation and hard information, not anecdotal, is needed at each review meeting; bring all necessary material.

#### **Policy 4**

##### **Monthly Review Meetings**

Monthly Review meetings will be attended by the Core Team, which includes parent/primary caregiver, client, Specialty Mental Health Provider, TBS Coach, County TBS staff and TBS case manager. Invitations to review meetings may include but are not limited to DSS, Probation, WRAP team, CPS Dependency Worker, Case Managers, and Conservator.

#### **Policy 5**

##### **Contact and Communication**

The County staff and TBS provider shall discuss meeting issues and concerns prior to each meeting to ensure that the facilitator and case manager have established a consistent and clear plan of action. Communication between the Case Manager and SMHP shall occur as needed to provide treatment consistency.

#### **Policy 6**

##### **Start Date**

The day the TBS Coach starts to provide direct one-to-one services is the “actual start date” of TBS. The start date of TBS services shall be documented on the provider’s weekly population update and forwarded to the County TBS coordinator. The coach start date is the “Beginning Date of Therapeutic Behavioral Services” on the DMH Notification.

#### **Policy 7**

##### **Parent/Caregiver Participation**

Clients who are under age 18 must have a parent/caregiver present whenever a TBS Coach is providing direct one-to-one service. Clients who are between the age of 18 and 21 may receive TBS without parental/caregiver participation. Efforts will be made to engage the parent/caregiver in supporting the young adult when appropriate.

#### **Policy 8**

##### **Absences**

If a youth or parent is unexpectedly absent from a review meeting, the meeting can be held; however, the missing person(s) shall receive a summary of the events of the meeting by the TBS provider. The TBS provider will monitor any absence(s) and consult

with County TBS staff regarding a plan of action. A pattern of absences by the parent/child/young adult may result in termination of services.

### **Policy 9**

#### **Weekly Updates to County TBS Unit**

TBS provider shall submit a weekly “Population Update”, which includes the following information for each child/youth/young adult receiving TBS:

- A. Name
- B. Hours per week of TBS
- C. Cumulative hours of TBS
- D. Weekly schedule of TBS (e.g., Monday – Friday 4 a.m. – 7 a.m.)
- E. Location of TBS services (home, group home, Polinsky)
- F. Service Start Date
- G. Total Open TBS cases

All reports shall be faxed to the County TBS Program Manager or designee by Monday of every week.

### **Policy 10**

#### **Unusual Occurrence Reporting**

County TBS and the TBS providers shall follow the policy and procedures for “Unusual Occurrence Reporting”.

### **Policy 11**

#### **CPS/APS Reporting**

If there is a discrepancy regarding whether to file a report based on an incident report, the coach or other TBS worker should call CPS/APS to obtain clarification as to whether a report is required in that situation.

### **Policy 12**

#### **Crisis Plans**

The Core TBS team, including the TBS coach shall develop a crisis plan by the implementation meeting and utilize and update as appropriate.

### **Policy 13**

#### **Complaints Regarding TBS Provider Staff**

- a. The County TBS Program Manager will redirect any complaints or concerns back to the TBS provider supervisor.
- b. The TBS provider will send a written Unusual Occurrences Report to the County TBS Program Manager or designee with the following information: nature of complaint, provider investigation, corrective action plan including feedback to other involved providers, agency staff or family members.
- c. The TBS provider will give the family/parent a copy of the Grievance and Appeal Procedure and enter the complaint in the Suggestion/ Provider Transfer Request Log.

#### **Policy 14**

##### **Release of Information/Consent**

- a. County TBS staff will obtain the most current release of information prior to sending the referral to the TBS provider.
- b. The contract provider shall obtain a current release of information/consent from all individuals participating in the TBS planning process according to their policies.
- c. In the event information must be released without a signed authorization, due to an urgent need to provide clinical services to the client, staff should document that the information was shared, obtain verbal consent and document consent in progress note.
- d. When the client is nondependent minor or adult, County TBS will obtain the Consent for Treatment at the implementation meeting. When the client is a dependent, County TBS will obtain the Consent for Treatment – Court or – Parent prior to approving the referral.

#### **Policy 15**

##### **Diagnosis**

Prior to the approval of TBS, County TBS staff shall contact the specialty mental health provider to obtain the current working DSM-IV diagnosis. The team will insure that the behavioral goals and interventions are consistent with the primary diagnosis of treatment and with the overall specialty mental health service (treatment) plan. If there is a change in diagnosis during the term of service, all providers will communicate this change in order to insure consistency in treatment.

#### **Policy 16**

##### **Medi-Cal Verification**

County TBS shall verify Medi-cal eligibility upon receipt of referral. TBS providers shall verify Medi-Cal eligibility of all clients by the fifteenth of every month and communicate, in writing, to County TBS when client's Medical eligibility ceases. TBS shall be immediately suspended until Medi-Cal eligibility can be verified.

#### **Policy 17**

##### **Out of County Referrals**

For out of county referrals to TBS, the referring county must make their own arrangements with local TBS providers, per state direction. San Diego County may make their TBS providers available to other counties as resources permit.

#### **Policy 18**

##### **Position Descriptions**

County TBS staff = TBS Facilitator

Contractor TBS staff= Case Manager

One to one aide = Coach

Treating Therapist or Intensive Case manager = Specialty Mental Health Provider

#### **Policy 19**

### **Freedom of Choice**

The client has freedom of choice. Client and caregiver shall be informed of freedom of choice and informed consent received prior to approval of services. The contractor shall take steps to ensure that the coach and client is a good match. The client has a right to request a different coach or a different contractor.

### **Policy 20**

#### **Coaches in Therapy**

There shall be no TBS coaches in any individual or group therapy session or medication management meeting with the psychiatrist whether the client is in the community or in a residential facility.

### **Policy 21**

#### **Private Insurance**

Contractors are not obligated to accept clients with Other Health Insurance as they will not be reimbursed for their services if a denial from the private insurance agency is not obtained. If the Contractor elects to accept clients with Other Health Insurance, both they and County must obtain a signed Assignment of Insurance Benefits form.

### **Policy 22**

#### **DMH Notification and Certification Letter**

County TBS facilitators shall notify DMH of TBS service provision to each client. This form is submitted within 10 days of the coach start date (initial notification). County TBS will be responsible for forwarding Certification Forms to DMH.

### **Policy 23**

#### **Age requirement**

TBS can be provided up to the client's twenty-first birthday.

### **Policy 24**

#### **Scheduled TBS shift**

TBS Coaches shall wait fifteen minutes at the client's home for an authorized caregiver and/or child to be available for service. If the caregiver and/or child are not available for service following the fifteen-minute period, the Coach shall exit the service area and contact their direct supervisor.

### **Policy 25**

#### **Administrative Meeting Attendance**

TBS Contractor shall participate in monthly Children's Mental Health Outpatient Program Manager meetings or similar adult mental health provider meetings. TBS Contractor shall participate in regular TBS provider meetings.

### **Policy 26**

#### **Provider Qualifications**

TBS Contractor shall furnish, operate and maintain TBS in accordance with the most current:

- A) TBS Implementation Plan, County of San Diego, Health and Human Services Agency, Child & Youth Mental Health System of Care.
- B) San Diego County Child and Adolescent Medi-Cal Specialty Mental Health Services-Site Review.
- C) DMH letter, No. 99-03.
- D) State Short-Doyle/Medi-Cal Manual for the Rehabilitation Option and Targeted Case Management.
- E) Children's Mental Health Outpatient Policy and Procedure Manual or Adult Mental Health equivalent.
- F) DMH Information Notice No.: 02-08.
- G) All subsequent and current related DMH Letters and Notices.

### **Policy 27**

#### **TBS Payment Authorization/Reauthorization**

Effective September 1, 2003, County TBS shall be required to authorize payment of all TBS in advance of service delivery. The payment authorization must be done by a licensed practitioner of the healing arts (LPHA) as required by Title 9, CCR, Section 1830.215. Initial authorization must be based on eligibility information provided on the TBS referral form and, when possible, by contact with parent/caregiver and therapist. A complete TBS assessment and treatment plan must be done during the initial authorization period which will consist of 30 days. TBS must be reauthorized thereafter every 60 days. Reauthorization must be based upon specific documentation (refer to County of San Diego TBS Reauthorization Request form).

TBS Contractors shall be responsible for monitoring service days. TBS Contractors shall submit reauthorization requests (via the Request for Reauthorization form) prior to the deadline. County TBS shall approve or deny reauthorization request within three working days. When the contractor submits a request for a fourth payment authorization, the request must include information about client progress towards target goals, a summary of services provided, a titration plan with established benchmarks, and a planned date of termination.

When County TBS approves a fourth payment authorization, County TBS shall be required to provide a summary and justification of the TBS services provided, in writing to the Mental Health Director for the MHP of the beneficiary and to the DMH Deputy Director, Systems of Care, within five working days of the authorization decision. (Refer to DMH Letter 02-08.)

### **Policy 28**

#### **Clients' Access and Authorization for Interpreter Services**

Interpreter services shall be available to clients with limited English proficiency (LEP) in threshold and non-threshold languages if it is determined to assist in the delivery of Therapeutic Behavioral Services. If the Contractor program cannot meet the need for language services then interpreter services shall be utilized. County approved providers are:

- Interpreters Unlimited (for language interpreting) @ (858) 451-7490

- Deaf Community Services (deaf and hearing-impaired) @ (800) 290-6098

Contractor should request a “qualified but not certified” interpreter and shall coordinate the meeting attendance. Prior approval shall be obtained for all meetings in which interpreting services are utilized. Contractor shall complete an HHSA Service Authorization Form for each meeting and fax it to County TBS Program Manager or designee for approval. County shall approve services within 2 business days and return form to contractor to forward to the interpreter service. When interpreting services are completed, the contractor shall complete Section B of the Authorization form and forward it to the interpreter service.

For ongoing interpreter service, i.e., when an interpreter is needed for coaching, the contractor shall fax County a separate HHSA Service Authorization Form and the TBS Authorization Form, which identifies the services provided on a biweekly basis. The HHSA Service Authorization Form should reference the TBS Authorization Form for specific dates and times of service.

### **Policy 29**

#### **Verification of SMHP Licensure/Registration Status**

As part of the referral review process, it is the responsibility of the facilitator to verify the active status and qualifications of the SMHP. This verification can be achieved by accessing the website of the responsible licensing board, printing the license verification, and filing it in the client’s medical record.

### **Policy 30**

#### **Client ineligibility.**

If a referral is denied, the facilitator shall complete a Notice of Action (NOA-B) documenting the reason for the denial and notifying the beneficiary of his/her rights. The NOA is distributed according to County policy. If the client is ineligible because he/she is not full-scope Medi-Cal, the referral will be returned. If the initial TBS assessment reveals that the client is not eligible for TBS, the contractor shall contact the facilitator to review criteria, and if sustained, the County will issue the NOA-B.